

Proposal for Coding Change for  
Psychalgia  
Coordination Committee Meeting  
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# Background - I

- APA made a number of Addenda changes at December 5, 2003 meeting in order to make ICD-9-CM Chapter 5 terminology more compatible with DSM-IV-TR because of HIPAA requirements designated ICD-9-CM as diagnostic code set
- Most changes consisted of replacing anachronistic terms with their DSM-IV-TR counterparts
- For example:
  - ◆ REVISE 290.40 ~~Arteriosclerotic~~ Vascular dementia, uncomplicated

## Background - II

- While vast majority of changes represented term REVISIONS, some proposed changes were more problematic

# Pain Disorders

- Change in clinical concept of pain
- Dualistic view: pain is EITHER physical or psychogenic (mutually exclusive)
- Current view: pain is caused by multiple factors: physical AND psychological

# Pain Disorders in DSM-IV-TR

- Pain in one or more anatomical sites of sufficient severity to warrant clinical attention
- Causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
- Psychological factors are judged to have an important role in the onset, severity, exacerbation, or maintenance of the pain

# Three Types of DSM-IV-TR Pain - I

- 307.80 Pain Disorder Associated with Psychological Factors:
  - ◆ factors judged to have the major role in the onset, severity, exacerbation, or maintenance of the pain.
  - ◆ If a general medical condition is present, it does not have a major role.

# Three Types of Pain - II

- 307.89 Pain Disorder Associated with Both Psychological Factors and a General Medical Condition
  - ◆ Both psychological factors and a general medical condition are judged to have important roles in the onset, severity, exacerbation, or maintenance of the pain. The associated medical condition or anatomical site of the pain is coded on Axis III

# Three Types of Pain - III

- Pain Disorder Associated with a General Medical Condition [NOT A MENTAL DISORDER]
  - ◆ A general medical condition has a major role in the onset, severity, exacerbation, or maintenance of the pain.
  - ◆ If psychological factors are present, they are not judged to have a major role in the onset, severity, exacerbation, or maintenance of the pain.
  - ◆ Diagnostic code is selected based on general medical condition or on the anatomical location of the pain



# DSM-IV-TR Deficition Avoids Cartesian Dualism

- In most cases, both psychological factors and physical factors are important in the understanding and management of the patient
- Apparent absence of physical factors may represent inadequate workup or limitations in technology of assessment
- Saying “it’s all in your head” not helpful

# DSM-III-R Somatoform Pain Disorder: remnants of dualism

- A. Preoccupation with pain for at least six months
- B. Either (1) or (2):
  - ◆ (1) appropriate evaluation uncovers no organic pathology or pathophysiologic mechanism (e.g., a physical disorder or injury) to account for the pain
  - ◆ (2) when there is organic pathology, the complaint of pain or resulting impairment is grossly in excess of what would be expected from the physical findings

# ICD-9-CM Coding Reflects DSM-III-R Dualism

## ■ 307.8 Psychalgia

- ◆ 307.81 Psychogenic Pain
- ◆ 307.89 Other Psychalgia
- ◆ Excludes: pain not specifically attributed to a psychological cause in:
  - back (724.5)
  - joint (719.4)
  - limb (729.5)
  - lumbago (724.5)
  - rheumatic (729.0)

# ICD-9-CM Excludes Note

- Excludes note in 307.89 currently indicates that physical pain and psychological pain are mutually exclusive
- Proposal: remove excludes note to allow for coding of BOTH 307.89 and code for physical pain at the same time

# Proposed New Wording

- 307.89 Other
  - Code first to site of pain
  - OPTIONS FOR WORDING OF EXCLUDES
- NOTE:
- ◆ Excludes: Pain exclusively attributed to a psychological cause
  - ◆ Excludes: Pain in which psychological factors do not have a major role in its onset, exacerbation, or maintenance

# “Psychalgia”?

- Anachronistic term
- Alternative: “Pain Disorder Related to Psychological Factors”